

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HUMAN SERVICES**

Economic Security Administration



Meeting Title: Medicaid Expansion and Eligibility (ME&E) Subcommittee Meeting

Date/Time: Thursday, April 11, 2013 / 10:00 AM to 12:00 Noon

Location: Department of Human Services (DHS)
64 New York Avenue, NE, Room 649, Hoteling Suite

Attendees:

Name	Agency	Email
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Dina Pastovich	DCAS	dina.pastovich@dc.gov

Agenda:

- **Introductions**
 - Deborah Carroll, Administrator for the Economic Security Administration, welcomed everyone to the meeting

- **General Updates:**
 - **IT Subcommittee/PMO**
 - Michele Hudson gave the update
 - Continuing to work closely with the DC Access System (DCAS) System Integration (SI) vendor, InfoSys
 - We have moved into the design phase
 - Twenty (20) Sister Agency Project Teams are identified and are on track with their timelines and deliverables for a “Go Live” date of October 1, 2013, for Release 1
 - On track with identifying MOU’s and agreements with various agencies for establishing data interface exchanges
 - The ACEDS Transition Team continues to stay on track with their work plan for legacy system modifications and continuing MAGI/Non-MAGI process flows for Release 1
 - The District has submitted the required artifacts to the Center for Consumer Information and Insurance Oversight (CCIIO) as part of the Final Detailed Design Review (FDDR)
 - CCIIO has scheduled an all day meeting on 4/19/13 with the District to conduct the FDDR

Question: Will Non-MAGI applicants be included in Release 1?

Answer: Unless clearly applying on a Non-MAGI basis (e.x., foster care, SSI, or QMB), all Non-MAGI applications will start with the same application. Those applicants deemed non-MAGI eligible will continue through to the ACEDS system as with the current process for Release 1. ACEDS is the existing legacy system which determines eligibility today

- **Deployment & Rollout Work Group**
 - Clyde Edwards gave the update
 - The Deployment and Rollout Team is one of the 20 DCAS Project Teams
 - It’s a 29 member team, mainly comprised of the Service Center Managers, Supervisors, Section Chiefs and key District Staff who are working on DCAS
 - This team has been meeting twice a month since January 2013

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- **Deployment & Rollout Work Group continued:**
 - The main goals of this team are:
 - To work closely with the Project Management Staff (PMO) in identifying major deliverables on the DCAS timeline
 - To ensure that adequate training is held for their staff on new business processes and new policies
 - To ensure that Day 1 on October 1, 2013, is successfully rolled out
 - This team will be expanded to include other pieces, such as Qualified Health Plans (QHPs) and Small Business Health Options Program (SHOP)
 - This will ensure that the DCAS system will have a complete process from all sides

- **DC Health Benefit Exchange Authority (HBX Board Meeting)**
 - Alex Alonso gave the update
 - At the last Board meeting on 4/8/13, the HBX voted on two Resolutions:
 - **Employer Sponsored Plans**
 - Minimum contribution
 - Minimum participation
 - As stated in the draft Resolution from the HBX Board; “As a requirement to offer coverage through the SHOP Exchange, an issuer’s contribution rate must be at 50% of the employee’s individual reference plan premium and participation rate at 2/3 of qualified SHOP employees who do not waive coverage due to having coverage elsewhere.”
 - Read the [Draft Resolution](#)
 - **Tobacco Use**
 - The HBX also voted on prohibiting tobacco use as a rating factor
 - The HBX is still concerned about tobacco use
 - The HBX is supportive of tobacco cessation plans
 - However, they voted against tobacco use being used as a rating factor
 - Therefore, Issuers may not vary rates based upon tobacco use
 - Read the [Draft Resolution](#)
 - For a full record of the HBX Board meeting from 4/8/13, click [here](#)

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- **HBX Eligibility, Enrollment and Churn Working Group**
 - Alex Alonso gave the update
 - The HBX has established an “Eligibility, Enrollment and Churn Working Group”
 - “Churn” for the purposes of this Working Group is the moving of individuals in and out of Medicaid and the Exchange, only. It is not a term that is used for other programs, such as churning from Ryan White to Medicaid
 - This Working Group has held three meetings over the past two weeks
 - The main issues that this Working Group addresses are:
 - Dates of coverage
 - Date of changes
 - Tax credits/Cost Sharing Reductions
 - The next meeting of this Working Group will be 4/17/13

- **Consumer Notices**
 - Alex Alonso gave the update
 - The HBX has engaged Manatt to write Notices for the Exchange
 - Manatt will also be doing Notices for SHOP
 - They’ve been hired by seven other states to do Notices
 - They have extensive Notice template language
 - Their Notices have been deeply consumer tested
 - *Q: Will other languages be available in Notices?*
 - *A: Alex will find out and report back*

 - *Q: How will Notices be distributed?*
 - *A: By regular mail; email/PDF; and other options listed online through the “My Account” feature*

 - *Q: Will people be able to receive both formats? Online and by Paper?*
 - *A: Yes*

- **State Operations and Technical Assistance (SOTA) call**
 - Danielle Lewis gave the update
 - The District will be rewriting Section Two of our Medicaid State Plan to reflect the new MAGI methodology used to determine household composition and income for Medicaid eligibility. Currently, the District uses the AFDC methodology
 - CMS will send states fillable pre-prints for State Plan amendment submissions
 - Target date for submission: May 2013

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- **Presentation & Discussion Topic:**

- Medically Needy
 - Danielle Lewis gave the presentation and facilitated the discussion
 - The District is still in the process of identifying the adult group eligible for enhance Federal Medical Assistance Percentage (FMAP)

- **General Questions/Comments:**

Q: *Do you have a system in place for determining who claims a child first for tax purposes?*

A: *There are guidelines in our State plan. But, whoever enrolls the child first would claim the child.*

Q: *Does the Model Application include incurred medical expenses?*

A: *This is a good question, one that we have been asking for federal guidance on for over a year.*

Comment:

Under federal regulations, if a State needs to do a post enrollment investigation for program integrity, they are allowed to do so.

Comment:

The District is working with the DC HBX to obtain federal funding to ensure that we have money for operating costs related to determining eligibility.

Action Items:

Group	Description	Assigned To	Target Date
ME&E	Follow up on open questions above	All	5/9/13 (next mtg.)

Next Steps: Next ME&E Subcommittee Meeting scheduled for May 9, 2013.